

PTO/SB/97 (08-04)

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Application No. (if known): 09/486981

Attorney Docket No.: NIW-009USRCE2

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on March 31, 2006
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Response to Non-Final Office Action (6 pages)

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MAR 31 2006

FAX TRANSMISSION**DATE:** March 31, 2006**PTO IDENTIFIER:** Application Number 09/488981-Conf. #7006
Patent Number**Inventor:** Izuo AOKI *et al.***MESSAGE TO:** US Patent and Trademark Office**FAX NUMBER:** (571) 279-8500**FROM:** LAHIVE & COCKFIELD, LLP
Danielle L. Herritt**PHONE:** (617) 227-7400**Attorney Dkt. #:** NIW-009USRCE2**PAGES (Including Cover Sheet):** 12**CONTENTS:** Transmittal (1 page)
Fee Transmittal (1 page- in duplicate)
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PTO/SB/21 (09-04)

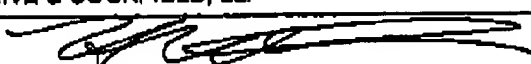
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TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>	Application Number	09/486981-Conf. #7006
	Filing Date	February 28, 2000
	First Named Inventor	Izuo AOKI
	Art Unit	1621
	Examiner Name	E. O. Price
Total Number of Pages in This Submission	Attorney Docket Number	NIW-009USRCE2

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.62 or 1.63	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Certificate of Facsimile Fax Cover Sheet
<div style="border: 1px solid black; padding: 2px; display: inline-block;">Remarks</div>		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name	LAHIVE & COCKFIELD, LLP		
Signature			
Printed name	Danielle L. Herritt		
Date	March 31, 2006	Reg. No.	43,870

MAR 31 2006

PTO/BBM7 (12-04v2)

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<p><small>Effective on 12/01/2004. Fee pursuant to the Consolidated Appropriations Act, 2003 (H.R. 4818).</small></p> <h2 style="margin: 0;">FEE TRANSMITTAL</h2> <h3 style="margin: 0;">For FY 2005</h3>		<p style="text-align: right;">Complete if Known</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 2px;">Application Number</td> <td style="padding: 2px;">09/488981-Conf. #7008</td> </tr> <tr> <td style="padding: 2px;">Filing Date</td> <td style="padding: 2px;">February 28, 2000</td> </tr> <tr> <td style="padding: 2px;">First Named Inventor</td> <td style="padding: 2px;">Izuo AOKI</td> </tr> <tr> <td style="padding: 2px;">Examiner Name</td> <td style="padding: 2px;">E. O. Price</td> </tr> <tr> <td style="padding: 2px;">Art Unit</td> <td style="padding: 2px;">1621</td> </tr> <tr> <td style="padding: 2px;">Attorney Docket No.</td> <td style="padding: 2px;">NW-008USRCE2</td> </tr> </table>		Application Number	09/488981-Conf. #7008	Filing Date	February 28, 2000	First Named Inventor	Izuo AOKI	Examiner Name	E. O. Price	Art Unit	1621	Attorney Docket No.	NW-008USRCE2
Application Number	09/488981-Conf. #7008														
Filing Date	February 28, 2000														
First Named Inventor	Izuo AOKI														
Examiner Name	E. O. Price														
Art Unit	1621														
Attorney Docket No.	NW-008USRCE2														
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27															
TOTAL AMOUNT OF PAYMENT	(\$) 120.00														

METHOD OF PAYMENT (check all that apply)	
<input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____	
<input checked="" type="checkbox"/> Deposit Account Deposit Account Number: <u>12-0080</u> Deposit Account Name: <u>Lahive & Cockfield, LLP</u>	
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)	
<input checked="" type="checkbox"/> Charge fee(s) indicated below	<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17	<input checked="" type="checkbox"/> Credit any overpayments

FEE CALCULATION							
1. BASIC FILING, SEARCH, AND EXAMINATION FEES							
Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	
2. EXCESS CLAIM FEES							
Fee Description	Fee (\$)	Small Entity Fee (\$)					
Each claim over 20 (including Reissues)	50	25					
Each independent claim over 3 (including Reissues)	200	100					
Multiple dependent claims	360	180					
Total Claims - 20 = _____	Extra Claims x _____ = _____	Fee (\$)	_____	Fee Paid (\$)	_____		
Independent Claims - 3 = _____	Extra Claims x _____ = _____	Fee (\$)	_____	Fee Paid (\$)	_____		
3. APPLICATION SIZE FEE							
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).							
Total Sheets - 100 = _____ / 50 _____ (round up to a whole number) x _____ = _____	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	_____	Fee Paid (\$)		
4. OTHER FEE(S)							
Non-English Specification, \$130 fee (no small entity discount)						_____	Fee Paid (\$)
Other (e.g., late filing surcharge): 1251 Extension for response within first month						120.00	_____

SUBMITTED BY			
Signature		Registration No. (Attorney/Agent)	43,670
Name (Print/Type)	Danielle L. Herritt	Telephone	(617) 227-7400
		Date	March 31, 2006